

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034077

8003

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILE AUG 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 13 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6921 Salzburger		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN SCHMITZ		4. DATE OF DEATH Month Day Year Aug. 5 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 28, 1877
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Clerk	
11. BIRTHPLACE (City and state or country) Austria-Hungary		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fred Schmitz		13b. MOTHER'S MAIDEN NAME Anna Gale	
14. NAME OF HUSBAND OR WIFE Margaret Schmitz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Margaret Schmitz 6921 Salzburger	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) g Generalized arteriosclerosis. 10 yrs. INTERVAL BETWEEN ONSET AND DEATH 10 yrs. DUE TO (b) 450.0 DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Dr. Donald Besmann		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to death. _____ and last saw her alive on _____ Death occurred at 11:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John G. Kellett M. D.	
22b. ADDRESS 2314 Telegraph Road.		22c. DATE SIGNED 8-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/8/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) St Louis County Mo.
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois	25. DATE RECD. BY LOCAL REG. AUG 6 1963	26. REGISTRAR'S SIGNATURE Road Smith. M.D.	

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

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90.

USE BLACK INK
OR
TYPEWRITER RIBBON

3508 3512

Note: This is a patient of Dr. Donald Beckman who is out of town. I have never seen this patient but I checked with Mrs. Taylor at the Coroners Office for authorization to sign this certificate.

J. B. Sweet MD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.